

# Submitting a Claim in “New MIPS” Independent Child Care Center

Log into MIPS (using same Authorization Number and Password as before)

The screenshot shows the login page for the Child Care Food Program MIPS. The browser window title is "Florida Department of Health: Child Care Food Program - Windows Internet Explorer". The URL is "https://adminapps35test.doh.ad.state.fl.us/CCNS/Common/Login.aspx?Script=1&g=p0wpcb554btamn551uscaue". The page features the Florida Department of Health logo and the text "Child Care Food Program MIPS Login Management Information and Payment System (MIPS)". A "Welcome to MIPS" message is displayed. Below it, a login form asks for an Authorization Number (3233) and Password (\*\*\*\*\*). A "Log In" button is present. A red box contains a warning: "Unauthorized access to this system is not permitted and will be prosecuted in accordance with applicable U.S. and Florida laws. If submitting a claim, you certify to the best of your knowledge and belief that all information submitted is true and correct in all respects and that records are available to support this information." A footer section contains copyright information and links to Privacy Statement, Disclaimer, Accessibility Information, and Email Advisory.

**\*\*Be sure to take notice of any messages displayed on the screen.**

Click on **File a Claim** on your menu. Select the correct Claim Month and Year from the dropdown, and then select **Continue**.

The screenshot shows the main menu of the Child Care Food Program MIPS. The browser window title is "Florida Department of Health: Child Care Food Program - Windows Internet Explorer". The URL is "https://adminapps35test.doh.ad.state.fl.us/CCNS/II/default.aspx". The page features the Florida Department of Health logo and the text "Child Care Food Program Independent Child Care Center Management Information and Payment System (MIPS)". A message box states: "You have not submitted a claim for May 2011 and the deadline is 7/30/2011." The main menu includes options like "Test Independent...", "File a Claim", "Revise a Submitted Claim", "View a Submitted Claim", "Blank Forms / Documents", "Nutrition Documents", "Disqualified Lists", "Policy Memos", "Contractor Information", and "Logout". A "child care food program" logo is displayed. The footer contains copyright information and links to Privacy Statement, Disclaimer, Accessibility Information, and Email Advisory.

The Program Manager screen will appear. In order to file your claim, you must either confirm the information by clicking **Yes**; or, if anything is incorrect, you must click **No** and then enter the correct information and click on **Update**.

Florida Department of Health: Child Care Food Program - Windows Internet Explorer

https://adminapps35test.doh.ad.state.fl.us/CCNS//PMConfirmation.aspx

Florida Department of Health: Child Care Food Program

Child Care Food Program  
Independent Child Care Center  
Management Information and Payment System (MIPS)

floridashealth.com

**PROGRAM MANAGER**

Please confirm your Program Manager information before filing a claim

You have not submitted a claim for May 2011 and the deadline is 7/30/2011.

Name: M/M John Smith  
Email: John@yahoo.com  
Phone: (850)111-2345 Ext: 5  
Fax: (222)587-4744  
Date of birth: 9/12/1970

Is this information correct?

Yes No

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Privacy Statement | Disclaimer  
Accessibility Information | Email Advisory

The Claim Screen then appears. Enter your operating days, enrollment (free, reduced, non-needy) numbers, meal counts and expenditures. Then click on the **Calculate** button at the bottom of the screen and check for any errors which will come up in a red box.

Florida Department of Health: Child Care Food Program - Windows Internet Explorer

https://adminapps35test.doh.ad.state.fl.us/CCNS//SponsorClaim.aspx

Florida Department of Health: Child Care Food Program

Legal Name: Independent Test Application  
D/B/A: Independent Test Application  
Mailing Address: 1234 Nowhere Street TALLAHASSEE, FL 32311  
FEIN: 1234551234  
DUNS #: 123456789

Program Manager: Smith, John  
Email: John@yahoo.com  
Phone: (850)111-2345 Ext: 5

**Claim Information**  
Status: No Data  
Claim Month/Year: 5/2011  
Revision #: 0  
Center Type: PRIVATE NON-PROFIT  
Operating Days: 21  
Date Received:  
Average Daily Participation: 0

**Children Enrolled by Category**  
Free: 25 Reduced: 15 Non-needy: 3  
Total: 43

**Meals Claimed**  
Breakfast: 550 Lunch: 600 Afternoon Snack: 620

Operating Expenditures: \$3,500  
Administrative Expenditures: \$0  
Total Expenditures: \$0  
Income to Program: \$0  
Meal Earnings: \$0.00  
Cash-In-Lieu: \$0.00  
Actual Reimbursement: \$0.00  
Total Adjustments: \$0.00  
Total Reimbursement: \$0.00

Calculate

If you are a for-profit organization your claim screen will have an additional section called Eligibility (see below). This is where you enter your SSBG (Title XX) information, or if using F/R eligibility, MIPS will calculate your eligibility percentage here.

Florida Department of Health: Child Care Food Program - Windows Internet Explorer

https://adminapps3test.doh.ad.state.fl.us/CCNS/I/SponsorClaim.aspx

File Edit View Favorites Tools Help

Convert Select

Florida Department of Health: Child Care Fo...

Contractor Information Logout

Status: No Data

Claim Month/Year: 6/2011 Date Received:

Revision #: 0

Center Type: FOR PROFIT CCC

Operating Days: 21 Average Daily Participation: 0

Children Enrolled by Category

Free: 25 Reduced: 15 Non-needy: 3 Total: 43

Licensed Capacity: 68

Eligibility:

Option 1 - SSBG (Title XX): Option 2 - Free/Reduced Eligibility:

SSBG: Percentage: Percentage: 93%

Meals Claimed

Breakfast: 550 Lunch: 600 Afternoon Snack: 620

Operating Expenditures: \$3,500

Administrative Expenditures: \$0

Total Expenditures: \$0

Income to Program: \$0

Meal Earnings:

Cash-In-Lieu:

Actual Reimbursement: \$0.00

Total Adjustments: \$0.00

Total Reimbursement: \$0.00

Calculate

If no error messages pop up, select the **Submit Claim** button to file your claim. The Green confirmation box should then appear which means your claim was successfully submitted. You may then print your claim by clicking Print Preview at the top of the screen.

Florida Department of Health: Child Care Food Program - Windows Internet Explorer

https://adminapps3test.doh.ad.state.fl.us/CCNS/I/SponsorClaim.aspx

File Edit View Favorites Tools Help

Convert Select

Florida Department of Health: Child Care Fo...

Revise a Submitted Claim

View a Submitted Claim

Blank Forms / Documents

Nutrition Documents

Disqualified Lists

Policy Memos

Contractor Information Logout

Legal Name: Independent Test Application

D/B/A: Independent Test Application

Mailing Address: 1234 Nowhere Street TALLAHASSEE, FL 32311

FEIN: 1234551234

DUNS #: 123456789

Program Manager: Smith, John

Phone: (850)111-2345 Ext: 5

Email: John@yahoo.com

Claim Information

Status: No Data

Claim Month/Year: 5/2011 Date Received:

Revision #: 0

Center Type: PRIVATE NON-PROFIT

Operating Days: 21 Average Daily Participation: 30

Children Enrolled by Category

Free: 25 Reduced: 15 Non-needy: 3 Total: 43

Meals Claimed

Breakfast: 550 Lunch: 600 Afternoon Snack: 620

Operating Expenditures: \$3,500

Administrative Expenditures: \$0

Total Expenditures: \$3,500

Income to Program: \$0

Meal Earnings: \$2,504.30

Cash-In-Lieu: \$121.50

Actual Reimbursement: \$2,625.80

Total Adjustments: \$0.00

Total Reimbursement: \$2,625.80

Upon entering all required information, click on the Submit Claim button. Failure to click on this button means your claim has not been submitted and will not be paid.

Submit Claim

## Instructions on other things you can do in MIPS

**\*\*When printing from MIPS, always click on the Printer icon in the report toolbar, NOT the icon in the Internet toolbar**

Pull up and Print your Application – Click on **Application**, click **Print Preview** at top of page

Pull up and Print your Site Form –

- Single-site contractors – Click on your site that is listed on the menu under **Site**
- Multi-site contractors – Click on **Sites** on the menu and your list of sites will show on the screen. Click on the site you wish to print (using the Search feature to find it, if necessary), click **Print Preview** at top of page

Revise a Claim – Click **Revise a Submitted Claim**, select the claim you want to revise, change the numbers that need changing, click **Calculate**, then click **Submit Claim**

View a Claim that was Previously Filed – Click on **View a Submitted Claim**, select from dropdown the claim you wish to view, click **Search**.

Note: you may not revise this claim through this link, you must click the Revise a Claim link for that purpose

\*If you are a multi-site contractor and are viewing a revised claim, only those site claims associated with the revision will show in the top section.

Pull and Print Blank Forms and Documents – Click on **Blank Forms/Documents**, find the document you wish to print, click on the link, then click on the printer icon in the report toolbar (not the Internet toolbar) and click **OK**.

Pull Contractor Information – Click on **Contractor Information** on the menu and the menu will expand to show you what reports are available. These reports will be specific to your Authorization Number.

- Blank Claim – blank claim with your organization information printed at the top
- Claim Data Summary – reported claim information by fiscal year
- Payment Summary – claim payment information by fiscal year
- Profit Status – shows your up-to-date total reimbursement compared to total expenditures. The percent in the right hand column should be zero (0) or a negative number indicating you are not in profit status.
- Reimbursement Rates – shows all the reimbursement rates by state fiscal year
- Site Form – your site information report
  - If you are a multi-site contractor this is where you can print all of your sites at once (just leave the search criteria at “All Sites”)
- Site List – a listing of all approved sites under your Authorization Number

Pull Site Information (Multi-site contractors only) – Click on **Site Information** on the menu and the menu will expand to show you what reports are available. These reports will be specific to the sites under your Authorization Number

- Site Claim Data Summary – shows site claim information, by site (you may choose all sites, or individual sites for the report)
- Site Missing Claim – Select a month/year and the report will show any outstanding site claims that have not been filed yet
- Site Payment Summary – shows payment information by site (you may choose all sites, or individual sites for the report)
- Site Reimbursement – shows reimbursement by site claim (you may choose all sites, or individual sites for the report). If you are reimbursing your sites, send the site this report with their payment.